



BOSTON ASSESSMENT OF TBI-LIFETIME BAT-L

VA BOSTON HEALTHCARE SYSTEM

**THIS RESEARCH WAS SUPPORTED BY THE
TRANSLATIONAL RESEARCH CENTER FOR TBI AND STRESS DISORDERS (TRACTS)
A VA REHABILITATION RESEARCH AND DEVELOPMENT NATIONAL NETWORK CENTER FOR TBI**

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BAT-L

The Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L) was designed to capture the unique injuries sustained during post-9/11 deployment with particular attention to blast injuries. In addition, head injuries incurred across the lifespan are evaluated. The emphasis of this semi-structured interview is to obtain a detailed account of the injury including the context and events occurring before, during, and after the injury in both civilian and military experiences.

Administration

The BAT-L was created for use in a research setting where detailed information regarding TBI incidence and severity is necessary. The instrument guides the examiner in gathering necessary information from veterans and service members about the three worst TBIs for each category of injury (military blast, military other, pre-military, and post-military). Information is reviewed by a TBI diagnostic consensus team consisting of at least three doctoral-level psychologists, including at least one neuropsychologist. The consensus approach is integral to the instrument. If used without a consensus team, review of selected cases is suggested to assure a consistent diagnostic approach. It may be used both independently as well as part of a larger clinical interview. Please contact the TRACTS team for consultation and training requests.

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BAT-L hybrid classification system for the diagnosis of mTBI into mild Grade I, II, and III injuries (adapted from Bailes and Cantu, 2001) and VA and DoD consensus criteria for TBI severity as defined in the *Clinical practice guidelines: management of concussion—mild traumatic brain injury (mTBI)*. (DOD, 2009).

Criteria	Mild			Moderate	Severe
	Grade I	Grade II	Grade III		
Loss of Consciousness	None	< 5 minutes	> 5 minutes and < 30 minutes	> 30 minutes and < 24 hours	> 24 hours
Alteration of Mental Status	0 – 15 minutes	> 15 minutes and < 24 hours	> 24 hours	> 24 hours; severity based on other criteria	
Post Traumatic Amnesia	0 – 15 minutes	> 15 minutes and < 24 hours	> 24 hours	> 1 day and < 7 days	> 7 days
Glascow Coma Scale	13 - 15			9 - 12	< 9

Department of Veterans Affairs and Department of Defense. (2009). VA/DOD clinical practice guideline for the management of concussion/mild traumatic brain injury. Retrieved from http://www.healthquality.va.gov/mtbi/concussion_mtbi_full_1_0.pdf.

BAT-L SUMMARY SCORE SHEET

MILITARY BLAST:

Total # of Blast Exposures:	0 - 10 Meters	11 - 25 Meters	26 - 100 Meters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total # Blast TBIs:	<input type="checkbox"/>
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<p>1st Most Severe</p> <p>Age <input type="checkbox"/></p> <p>AMS <input type="checkbox"/> hr / min / sec</p> <p>PTA <input type="checkbox"/> hr / min / sec</p> <p>LOC <input type="checkbox"/> hr / min / sec</p> <p>Severity <i>If Mild:</i></p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Stage I</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Stage II</p> <p><input type="checkbox"/> Severe <input type="checkbox"/> Stage III</p> <p>BATL Score (0 – 5) <input type="checkbox"/></p> <p>Nature of Blast</p> <p><input type="checkbox"/> Primary (Head)</p> <p><input type="checkbox"/> Secondary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Tertiary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Quaternary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p>	<p>2nd Most Severe</p> <p>Age <input type="checkbox"/></p> <p>AMS <input type="checkbox"/> hr / min / sec</p> <p>PTA <input type="checkbox"/> hr / min / sec</p> <p>LOC <input type="checkbox"/> hr / min / sec</p> <p>Severity <i>If Mild:</i></p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Stage I</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Stage II</p> <p><input type="checkbox"/> Severe <input type="checkbox"/> Stage III</p> <p>BATL Score (0 – 5) <input type="checkbox"/></p> <p>Nature of Blast</p> <p><input type="checkbox"/> Primary (Head)</p> <p><input type="checkbox"/> Secondary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Tertiary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Quaternary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p>	<p>3rd Most Severe</p> <p>Age <input type="checkbox"/></p> <p>AMS <input type="checkbox"/> hr / min / sec</p> <p>PTA <input type="checkbox"/> hr / min / sec</p> <p>LOC <input type="checkbox"/> hr / min / sec</p> <p>Severity <i>If Mild:</i></p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Stage I</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Stage II</p> <p><input type="checkbox"/> Severe <input type="checkbox"/> Stage III</p> <p>BATL Score (0 – 5) <input type="checkbox"/></p> <p>Nature of Blast</p> <p><input type="checkbox"/> Primary (Head)</p> <p><input type="checkbox"/> Secondary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Tertiary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Quaternary (Head: <input type="checkbox"/> Yes <input type="checkbox"/> No)</p>
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MILITARY OTHER:

Total # Other TBIs:		
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PRE-MILITARY:

Total # TBIs:		
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<input type="checkbox"/> Fall	<input type="checkbox"/> Penetrating Injury																																					
<input type="checkbox"/> Sports	<input type="checkbox"/> Other: _____																																					

POST-MILITARY:

Total # TBIs:	
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1st Most Severe	2nd Most Severe	3rd Most Severe
Age	Age	Age
AMS	AMS	AMS
PTA	PTA	PTA
LOC	LOC	LOC
Severity	Severity	Severity
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe
If Mild:	If Mild:	If Mild:
<input type="checkbox"/> Stage I	<input type="checkbox"/> Stage I	<input type="checkbox"/> Stage I
<input type="checkbox"/> Stage II	<input type="checkbox"/> Stage II	<input type="checkbox"/> Stage II
<input type="checkbox"/> Stage III	<input type="checkbox"/> Stage III	<input type="checkbox"/> Stage III
BATL Score (0 – 5)	BATL Score (0 – 5)	BATL Score (0 – 5)
Nature of Injury	Nature of Injury	Nature of Injury
<input type="checkbox"/> MVA	<input type="checkbox"/> MVA	<input type="checkbox"/> MVA
<input type="checkbox"/> Fall	<input type="checkbox"/> Fall	<input type="checkbox"/> Fall
<input type="checkbox"/> Sports-Related	<input type="checkbox"/> Sports-Related	<input type="checkbox"/> Sports-Related
<input type="checkbox"/> Physical Assault	<input type="checkbox"/> Physical Assault	<input type="checkbox"/> Physical Assault
<input type="checkbox"/> Penetrating Injury	<input type="checkbox"/> Penetrating Injury	<input type="checkbox"/> Penetrating Injury
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

BAT-L Score (0 – 5):	BAT-L Lifetime Total Score
0 = no TBI	Sum Military Blast BATL Scores -
1 = mTBI grade I	Sum Military Other BATL Scores -
2 = mTBI grade II	Sum Pre-Military BATL Scores -
3 = mTBI grade III	Sum Post-Military BATL Scores -
4 = moderate TBI	
5 = severe TBI	
	BAT-L TOTAL LIFETIME SCORE TOTAL

BAT-L Total Score = Sum of the scores for the three worst TBIs across all categories of injury (blast-related, military other, pre-military, and post-military) (BAT-L Total Score: Range = 0 - 60).

Total Estimated Repetitive Blasts/Exposures: _____

Total Estimated Repetitive Blunt Exposures: _____

MILITARY HEAD INJURIES

During this interview I will be asking you about any blows to the head that may have occurred to you during your life. First, I will ask you about any blasts or explosions you may have been exposed to while in the military.

MILITARY BLAST:

During your time in the military, were you involved in any blasts or explosions within 100 meters?	
<input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><i>If no, query further about types of blasts/explosions (item 1 below) to rule out blast exposure then discontinue questionnaire if none.</i></p> <p><i>If yes, How many blasts were you exposed to within ____ meters?</i></p> <p>≤ 10 meters: _____ <i>Cue:</i> Approximately 32 feet or the length of 2 parking spaces</p> <p>11 – 25 meters: _____ <i>Cue:</i> Approximately 82 feet or the distance between home base and first base in a professional baseball diamond</p> <p>26 – 100 meters: _____ <i>Cue:</i> Approximately 320 feet or the length of a professional football field</p> <p>Total Blasts: _____</p>

Next, I am going to ask you about the three worst or most severe blasts you experienced while deployed. I am not looking for the most upsetting incidents, but rather the blasts that were the most severe or that were the strongest/closest.

MILITARY BLAST #1 (Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of blast/accident was it?			
<input type="checkbox"/> Unknown <input type="checkbox"/> IED <input type="checkbox"/> RPG	<input type="checkbox"/> Grenade <input type="checkbox"/> Land mine <input type="checkbox"/> Mortar	<input type="checkbox"/> Bomb <input type="checkbox"/> Rocket <input type="checkbox"/> Suicide vest/bomb	<input type="checkbox"/> Other: _____
2. Do you remember the blast/accident itself? <i>If yes, Can you describe it to me? If you don't remember, can you tell me what other people said happened?</i>			

a. Were others seriously injured?

- Uncertain No Yes

b. How far away was the blast/explosion? *Clarify/confirm distance of closest blast/explosion for consistency. If patient is uncertain, encourage pt to provide an estimate.*

- c. What is the last thing you can remember just before the blast/accident? *Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.*
- d. What is the first thing you can remember just after the blast/accident? *Following pt's response ask, How long do you think that was after the blast? Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.*
- e. *If injury is the result of an IED or bomb ask, Do you remember hearing the explosion?*
 Uncertain No Yes
- f. Do you remember feeling the pressure changes associated with the blast?
 Uncertain No Yes
- g. What direction did the blast wave/blast come from? *(multiple boxes may be checked)*
 Uncertain Front Back Left Right Under Above
- Was it an incoming blast?
 Uncertain No Yes **If no**, What type/direction: _____
- h. Were you thrown by the blast/accident, either out of a vehicle or off of your feet? Did you hit your head? Was something propelled or thrown at you/your head by the blast/accident? *If yes, ask pt to provide as much information and detail as possible. Note type of vehicle and position in the vehicle if pt was in a vehicle at the time of the blast.*
- i. Did you experience any changes in your vision or hearing during the accident? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*
 Uncertain No Yes
Any bleeding from your eardrum?
 Uncertain No Yes
- j. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands/multistep commands, perform duties as expected) after the blast/accident? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident vs. the chaos surrounding the event. Probe if others thought pt was functioning normally.*

BOSTON ASSESSMENT OF TBI-LIFETIME

k. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose. Probe to differentiate LOC from PTA (if possible).*

- Uncertain No Yes

l. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- | | |
|--|-----------------|
| <input type="checkbox"/> Headaches | Duration: _____ |
| <input type="checkbox"/> Trouble thinking | Duration: _____ |
| <input type="checkbox"/> Nausea | Duration: _____ |
| <input type="checkbox"/> Dizziness | Duration: _____ |
| <input type="checkbox"/> Fatigue | Duration: _____ |
| <input type="checkbox"/> Poor coordination, balance problems, or slowed reaction times | Duration: _____ |
| <input type="checkbox"/> Sensory changes (Hearing/Vision/Taste/Smell) | Duration: _____ |
| <input type="checkbox"/> Numbness or tingling | Duration: _____ |
| <input type="checkbox"/> Mood changes (Anxiety/Depression/Irritability) | Duration: _____ |
| <input type="checkbox"/> Sleep trouble | Duration: _____ |
| <input type="checkbox"/> Other: _____ | Duration: _____ |

3. At the time of the blast/accident, were you wearing a helmet, and if so was it modified (equipped with upgrade kit)?

- Uncertain
- No
- Yes *If yes, was it modified?* Uncertain No Yes
- If yes, did the helmet stay on your head?* Uncertain No Yes

4. At the time of blast/accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes *If yes, MACE (field mental status eval)?* Uncertain No Yes
- If yes, was anything documented in your medical record?* Uncertain No Yes
- If yes, do you have access to those records?* Uncertain No Yes

6. Did you experience a disruption of duty after the blast/accident?

- Uncertain
- No
- Yes

If Yes:

For how long were you pulled from duty? _____
 Did you return to active duty? _____
 Did this event lead to medical hold? _____
 Sick leave? _____
 Discharge? _____

EVALUATE MILITARY BLAST #1:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

- NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec
 *AMS = AMS + PTA + LOC

PTA:

- NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec
 *PTA = PTA + LOC

LOC:

- NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
- YES

Setting of Injury:

- Combat
- Non-Combat Military (e.g., training)

Emotional Context of Injury:

- Traumatic
- Non-traumatic

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when blast occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

Blast Injuries:

- Primary:** Injury from over-pressurization force (blast wave) impacting the body surface — TM rupture, pulmonary damage and air embolization, hollow viscus injury
- Secondary:** Injury from projectiles (bomb fragments, flying debris) — Penetrating trauma, fragmentation injuries, blunt trauma
- Tertiary:** Injuries from displacement of victim by the blast wind — Blunt/penetrating trauma, fractures, and traumatic amputations
- Quaternary:** All other injuries from the blast — Crush injuries, burns, asphyxia, toxic exposures, exacerbations of chronic illness

MILITARY BLAST #2 (Second Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of blast/accident was it?

- Unknown Grenade Bomb Other: _____
- IED Land mine Rocket
- RPG Mortar Suicide vest/bomb

2. Do you remember the blast/accident itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. How far away was the blast/explosion? *Clarify/confirm distance of closest blast/explosion for consistency. If patient is uncertain, encourage pt to provide an estimate.*

c. What is the last thing you can remember just before the blast/accident? *Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.*

d. What is the first thing you can remember just after the blast/accident? *Following pt's response ask, How long do you think that was after the blast? Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.*

e. *If injury is the result of an IED or bomb ask, Do you remember hearing the explosion?*

- Uncertain No Yes

f. Do you remember feeling the pressure changes associated with the blast?

- Uncertain No Yes

g. What direction did the blast wave/blast come from? *(multiple boxes may be checked)*

- Uncertain Front Back Left Right Under Above

Was it an incoming blast?

- Uncertain No Yes **If no**, What type/direction: _____

MILITARY BLAST #3 (Third Most Severe):

1. What type of blast/accident was it?

- Unknown Grenade Bomb Other: _____
- IED Land mine Rocket
- RPG Mortar Suicide vest/bomb

2. Do you remember the blast/accident itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. How far away was the blast/explosion? *Clarify/confirm distance of closest blast/explosion for consistency. If patient is uncertain, encourage pt to provide an estimate.*

c. What is the last thing you can remember just before the blast/accident? *Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.*

d. What is the first thing you can remember just after the blast/accident? *Following pt's response ask, How long do you think that was after the blast? Clarify timing of events. Cue pt to walk you through time until it is clear there are no gaps in memory. Probe to ensure clear recall.*

e. *If injury is the result of an IED or bomb ask, Do you remember hearing the explosion?*

- Uncertain No Yes

f. Do you remember feeling the pressure changes associated with the blast?

- Uncertain No Yes

g. What direction did the blast wave/blast come from? *(multiple boxes may be checked)*

- Uncertain Front Back Left Right Under Above

Was it an incoming blast?

- Uncertain No Yes **If no**, What type/direction: _____

BLAST FINAL QUERY:

Is there anything else related to your military duties that exposed you to a high rate of blasts or explosives? (Regardless of presence or absence of acute AMS/PTA/LOC)

- Uncertain
- No *If no, query specific causes listed below.*
- Yes *If yes, What was the cause of the injury?*
 - Breaches or Breach training: # Occurrences: _____
 - Flashbangs: # Occurrences: _____
 - Large munitions (such as a Horwitzer): # Occurrences: _____
 - RPG or rocket propelled grenade launcher: # Occurrences: _____
 - SWAT or other shoulder launcher: # Occurrences: _____
 - Other: Type: _____ # Occurrences: _____

Total Repetitive Blasts/Exposures: _____

**If acute symptoms are reported, assess further following format for Blast Injuries in the preceding section.*

MILITARY OTHER:

Have you experienced other blows to the head during your time in the military? (Patient report, you will evaluate below)

- Uncertain
- No *If no, query specific causes listed below, as well as further losses of consciousness or PTA then discontinue questionnaire if none.*
- Yes *If yes, What was the cause of the injury?*
 - MVA
 - Fall
 - Training-related injury (e.g., obstacles, combatives, pugil stick, jumps)
 - Sports-related injury (e.g., football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts)
 - Physical assault/fights
 - Penetrating injury
 - Other: Type _____

Next, I am going to ask you about the [number 1 – 3] worst or most severe non-blast head injuries you experienced during your deployment.

MILITARY OTHER #1 (Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA
- Physical assault
- Fall
- Penetrating injury
- Sports-related injury
- Other: _____

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

Uncertain No Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- Headaches *Duration:* _____
- Trouble thinking *Duration:* _____
- Nausea *Duration:* _____
- Dizziness *Duration:* _____
- Fatigue *Duration:* _____
- Poor coordination, balance problems, or slowed reaction times *Duration:* _____
- Sensory changes (Hearing/Vision/Taste/Smell) *Duration:* _____
- Numbness or tingling *Duration:* _____
- Mood changes (Anxiety/Depression/Irritability) *Duration:* _____
- Sleep trouble *Duration:* _____
- Other: _____ *Duration:* _____

3. At the time of the accident, were you wearing a helmet, and if so modified (equipped with the upgrade kit)?

- Uncertain
- No
- Yes ***If yes, Modified?*** No Yes

4. At the time of accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes

6. Did you experience a disruption of duty after the accident?

- Uncertain
- No
- Yes

If Yes:

For how long were you pulled from duty? _____

Did you return to active duty? _____

Did this event lead to medical hold? _____

Sick leave? _____

Discharge? _____

EVALUATE MILITARY OTHER #1:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
- YES

Setting of Injury:

- Combat
- Non-Combat Military (e.g., training)

Emotional Context of Injury:

- Traumatic
- Non-traumatic

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

MILITARY OTHER #2 (Second Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA Physical assault
 Fall Penetrating injury
 Sports-related injury Other: _____

2. Do you remember the event itself? ***If yes***, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe*

to ensure LOC is not due to anoxia/alcohol/substance overdose.

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- Headaches Duration: _____
- Trouble thinking Duration: _____
- Nausea Duration: _____
- Dizziness Duration: _____
- Fatigue Duration: _____
- Poor coordination, balance problems, or slowed reaction times Duration: _____
- Sensory changes (Hearing/Vision/Taste/Smell) Duration: _____
- Numbness or tingling Duration: _____
- Mood changes (Anxiety/Depression/Irritability) Duration: _____
- Sleep trouble Duration: _____
- Other: _____ Duration: _____

3. At the time of the accident, were you wearing a helmet, and if so modified (equipped with the upgrade kit)?

- Uncertain
- No
- Yes **If yes, Modified?** No Yes

4. At the time of accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes

6. Did you experience a disruption of duty after the accident?

- Uncertain
- No
- Yes **If Yes:**
 - For how long were you pulled from duty?* _____
 - Did you return to active duty?* _____
 - Did this event lead to medical hold?* _____
 - Sick leave?* _____
 - Discharge?* _____

EVALUATE MILITARY OTHER #2:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
- YES

Setting of Injury:

- Combat
- Non-Combat Military (e.g., training)

Emotional Context of Injury:

- Traumatic
- Non-traumatic

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

MILITARY OTHER #3 (Third Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA Physical assault
 Fall Penetrating injury
 Sports-related injury Other: _____

2. Do you remember the event itself? ***If yes***, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform duties as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe*

to ensure LOC is not due to anoxia/alcohol/substance overdose.

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- Headaches Duration: _____
- Trouble thinking Duration: _____
- Nausea Duration: _____
- Dizziness Duration: _____
- Fatigue Duration: _____
- Poor coordination, balance problems, or slowed reaction times Duration: _____
- Sensory changes (Hearing/Vision/Taste/Smell) Duration: _____
- Numbness or tingling Duration: _____
- Mood changes (Anxiety/Depression/Irritability) Duration: _____
- Sleep trouble Duration: _____
- Other: _____ Duration: _____

3. At the time of the accident, were you wearing a helmet, and if so modified (equipped with the upgrade kit)?

- Uncertain
- No
- Yes ***If yes, Modified?*** No Yes

4. At the time of accident, were you wearing Kevlar body armor?

- Uncertain
- No
- Yes

5. After the injury did you see a physician, trainer, medic or other trained personnel?

- Uncertain
- No
- Yes

6. Did you experience a disruption of duty after the accident?

- Uncertain
- No
- Yes ***If Yes:***
 - For how long were you pulled from duty?* _____
 - Did you return to active duty?* _____
 - Did this event lead to medical hold?* _____
 - Sick leave?* _____
 - Discharge?* _____

EVALUATE MILITARY OTHER #3:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

NO

YES

Setting of Injury:

Combat

Non-Combat
Military (e.g.,
training)

Emotional Context of Injury:

Traumatic

Non-traumatic

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

Uncertain No Yes

NON-MILITARY HEAD INJURIES

In this next section I am going to ask you about any head injuries you experienced either prior to your military service or following your discharge from the military.

PRE-MILITARY:

Have you experienced other blows to the head before your time in the military? (*Patient report, you will evaluate below*)

- Uncertain
- No *If no, query further losses of consciousness or PTA, then discontinue questionnaire if none.*
- Yes ***If yes***, What was the cause of the injury?
 - MVA
 - Fall
 - Sports-related injury (e.g., football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts)
 - Physical assault/fights
 - Penetrating injury
 - Other: *Type* _____

Next, I am going to ask you about the [*number 1 – 3*] worst or most severe head injuries you experienced before your military service.

PRE-MILITARY #1 (Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA
- Physical assault
- Fall
- Penetrating injury
- Sports-related injury
- Other: _____

2. Do you remember the event itself? ***If yes***, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain
- No
- Yes

b. What is the last thing you can remember just before the event?

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- c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*
- d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*
- e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*
- f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*
- g. Did you experience any of the following immediately after the event? *Note general Sx duration.*
- | | |
|--|------------------------|
| <input type="checkbox"/> Headaches | <i>Duration:</i> _____ |
| <input type="checkbox"/> Trouble thinking | <i>Duration:</i> _____ |
| <input type="checkbox"/> Nausea | <i>Duration:</i> _____ |
| <input type="checkbox"/> Dizziness | <i>Duration:</i> _____ |
| <input type="checkbox"/> Fatigue | <i>Duration:</i> _____ |
| <input type="checkbox"/> Poor coordination, balance problems, or slowed reaction times | <i>Duration:</i> _____ |
| <input type="checkbox"/> Sensory changes (Hearing/Vision/Taste/Smell) | <i>Duration:</i> _____ |
| <input type="checkbox"/> Numbness or tingling | <i>Duration:</i> _____ |
| <input type="checkbox"/> Mood changes (Anxiety/Depression/Irritability) | <i>Duration:</i> _____ |
| <input type="checkbox"/> Sleep trouble | <i>Duration:</i> _____ |
| <input type="checkbox"/> Other: _____ | <i>Duration:</i> _____ |

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

If Yes:

For how long were you away from work/school/duties? _____

Did you return to work/school/duties? _____

Did this event lead to medical leave of absence? _____

EVALUATE PRE-MILITARY #1:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

- NO
- YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

- NO
- YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

- NO
- YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
- YES

Emotional Context of Injury:

- Traumatic
- Non-traumatic

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

PRE-MILITARY #2 (Second Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA Physical assault
 Fall Penetrating injury
 Sports-related injury Other: _____

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- Headaches Duration: _____
- Trouble thinking Duration: _____
- Nausea Duration: _____
- Dizziness Duration: _____
- Fatigue Duration: _____
- Poor coordination, balance problems, or slowed reaction times Duration: _____
- Sensory changes (Hearing/Vision/Taste/Smell) Duration: _____
- Numbness or tingling Duration: _____
- Mood changes (Anxiety/Depression/Irritability) Duration: _____
- Sleep trouble Duration: _____
- Other: _____ Duration: _____

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

If Yes:

For how long were you away from work/school/duties? _____
 Did you return to work/school/duties? _____
 Did this event lead to medical leave of absence? _____

EVALUATE PRE-MILITARY #2:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

- NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

- NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

- NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
- YES

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

Emotional Context of Injury:

- Traumatic
- Non-traumatic

PRE-MILITARY #3 (Third Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA Physical assault
 Fall Penetrating injury
 Sports-related injury Other: _____

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- Headaches Duration: _____
- Trouble thinking Duration: _____
- Nausea Duration: _____
- Dizziness Duration: _____
- Fatigue Duration: _____
- Poor coordination, balance problems, or slowed reaction times Duration: _____
- Sensory changes (Hearing/Vision/Taste/Smell) Duration: _____
- Numbness or tingling Duration: _____
- Mood changes (Anxiety/Depression/Irritability) Duration: _____
- Sleep trouble Duration: _____
- Other: _____ Duration: _____

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

If Yes:

For how long were you away from work/school/duties? _____
 Did you return to work/school/duties? _____
 Did this event lead to medical leave of absence? _____

EVALUATE PRE-MILITARY #3:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

- NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

- NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

- NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
 YES

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain No Yes

Emotional Context of Injury:

- Traumatic
 Non-traumatic

POST-MILITARY:

Have you experienced other blows to the head after your time in the military? (*Patient report, you will evaluate below*)

Uncertain

No

If no, query further losses of consciousness or PTA, then discontinue questionnaire if none.

Yes

If yes, What was the cause of the injury?

MVA

Fall

Sports-related injury (e.g., football, hockey, baseball, basketball, soccer, lacrosse, boxing, wrestling, martial arts)

Physical assault/fights

Penetrating injury

Other: *Type* _____

Next, I am going to ask you about the [*number 1 – 3*] worst or most severe head injuries you experienced after your military service.

POST-MILITARY #1 (Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

MVA

Physical assault

Fall

Penetrating injury

Sports-related injury

Other: _____

2. Do you remember the event itself? *If yes, Can you describe it to me? If you don't remember, can you tell me what other people said happened?*

a. Were others seriously injured?

Uncertain

No

Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- | | |
|--|-----------------|
| <input type="checkbox"/> Headaches | Duration: _____ |
| <input type="checkbox"/> Trouble thinking | Duration: _____ |
| <input type="checkbox"/> Nausea | Duration: _____ |
| <input type="checkbox"/> Dizziness | Duration: _____ |
| <input type="checkbox"/> Fatigue | Duration: _____ |
| <input type="checkbox"/> Poor coordination, balance problems, or slowed reaction times | Duration: _____ |
| <input type="checkbox"/> Sensory changes (Hearing/Vision/Taste/Smell) | Duration: _____ |
| <input type="checkbox"/> Numbness or tingling | Duration: _____ |
| <input type="checkbox"/> Mood changes (Anxiety/Depression/Irritability) | Duration: _____ |
| <input type="checkbox"/> Sleep trouble | Duration: _____ |
| <input type="checkbox"/> Other: _____ | Duration: _____ |

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

If Yes:

For how long were you away from work/school/duties? _____

Did you return to work/school/duties? _____

Did this event lead to medical leave of absence? _____

EVALUATE POST-MILITARY #1:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

NO
 YES

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

Uncertain No Yes

Emotional Context of Injury:

Traumatic
 Non-traumatic

POST-MILITARY #2 (Second Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA Physical assault
 Fall Penetrating injury
 Sports-related injury Other: _____

2. Do you remember the event itself? **If yes**, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- Headaches Duration: _____
- Trouble thinking Duration: _____
- Nausea Duration: _____
- Dizziness Duration: _____
- Fatigue Duration: _____
- Poor coordination, balance problems, or slowed reaction times Duration: _____
- Sensory changes (Hearing/Vision/Taste/Smell) Duration: _____
- Numbness or tingling Duration: _____
- Mood changes (Anxiety/Depression/Irritability) Duration: _____
- Sleep trouble Duration: _____
- Other: _____ Duration: _____

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

If Yes:

For how long were you away from work/school/duties? _____
 Did you return to work/school/duties? _____
 Did this event lead to medical leave of absence? _____

EVALUATE POST-MILITARY #2:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

- NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

- NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

- NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
 YES

Emotional Context of Injury:

- Traumatic
 Non-traumatic

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain No Yes

POST-MILITARY #3 (Third Most Severe):

Age (or best estimate) at time of occurrence: _____

1. What type of accident was it?

- MVA Physical assault
 Fall Penetrating injury
 Sports-related injury Other: _____

2. Do you remember the event itself? ***If yes***, Can you describe it to me? If you don't remember, can you tell me what other people said happened?

a. Were others seriously injured?

- Uncertain No Yes

b. What is the last thing you can remember just before the event?

c. What is the first thing you can remember just after the event? *Following pt's response ask, How long do you think that was after the event?*

d. Did you experience any changes in your vision or hearing after the event? *Establish that the pt is not reporting mental status change when was in fact hearing/vision change.*

e. Did you experience confusion or disorientation (not sure where you were, what day or time it was, perform simple math calculations/multistep commands, perform activities as expected) after the event? If so, for how long? *With this and the following question, try to determine if the pt experienced an actual change in mental status vs. vision/hearing difficulty associated with the blast/accident and the chaos surrounding the event.*

f. Did you experience a loss of consciousness at the time of the blast/accident (were you 'knocked out')? If so, for how long? If yes, was LOC witnessed (were you told by others you were knocked out/unconscious)? *Probe to ensure LOC is not due to anoxia/alcohol/substance overdose.*

g. Did you experience any of the following immediately after the event? *Note general Sx duration.*

- Headaches Duration: _____
- Trouble thinking Duration: _____
- Nausea Duration: _____
- Dizziness Duration: _____
- Fatigue Duration: _____
- Poor coordination, balance problems, or slowed reaction times Duration: _____
- Sensory changes (Hearing/Vision/Taste/Smell) Duration: _____
- Numbness or tingling Duration: _____
- Mood changes (Anxiety/Depression/Irritability) Duration: _____
- Sleep trouble Duration: _____
- Other: _____ Duration: _____

3. After the injury did you see a physician, trainer, or other trained personnel?

- Uncertain
- No
- Yes

4. After the injury were you restricted from school, work, or physical exertion?

- Uncertain
- No
- Yes

If Yes:

For how long were you away from work/school/duties? _____
 Did you return to work/school/duties? _____
 Did this event lead to medical leave of absence? _____

EVALUATE POST-MILITARY #3:

Using the questions above, or in spontaneous dialogue, evaluate the following:

Alteration of mental status:

- NO YES

If yes, enter the estimated duration of the AMS? _____ hr / min / sec

*AMS = AMS + PTA + LOC

PTA:

- NO YES

If yes, enter the estimated duration of the PTA? _____ hr / min / sec

*PTA = PTA + LOC

LOC:

- NO YES

If yes, enter the estimated duration of the LOC? _____ hr / min / sec

Substance Related:

- NO
- YES

Does the patient actually recall this information themselves? (e.g., can provide specific information regarding what they were doing when injury occurred, etc., or was knowledge gained from the reports of witnesses?)

- Uncertain
- No
- Yes

Emotional Context of Injury:

- Traumatic
- Non-traumatic

BLUNT FINAL QUERY:

Is there anything else related to either your military duties or other life events that we haven't already talked about that exposed you to a high rate of repetitive blows to the head? (Regardless of presence or absence of acute AMS/PTA/LOC)

Uncertain

No *If no, query specific causes listed below.*

Yes *If yes, What was the cause of the injury?*

Sports-related (football, hockey, martial arts, boxing, roller-blading, biking, skateboarding, etc): # Occurrences: _____

Jumps: # Occurrences: _____

Combatives of any type: # Occurrences: _____

Assaults or Domestic Violence: # Occurrences: _____

Other: Type: _____ # Occurrences: _____

Total Repetitive Blows: _____

**If acute symptoms are reported, assess further following format for TBI Injuries in the preceding sections.*